



Onondaga County Health Department 6 Month Animal Quarantine Form

Owner Name: _____

Address: _____

Phone Number: _____

Patient Name: _____

Last Rabies Vaccine: _____ Date Due: _____

of Previous Rabies Vaccines _____

Referring Veterinarian: _____ Practice Name: _____

Vaccinate animal at the beginning of the quarantine unless animal isn't old enough or healthy enough at the time of appointment.

DESCRIPTION: _____

Contact Onondaga County Animal Disease Prevention prior to recommending 6-month quarantine. The staff of Animal Disease Prevention is available for 24-hour assistance if any questions or concerns arise.

**Please fax or mail a copy to: Onondaga County Health Department
ANIMAL DISEASE PREVENTION
6230 East Molloy Rd
E Syracuse NY 13057
(315) 435-3165 Fax (315) 435-1651**